

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17492**

FILED MAY 15 1952

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Fike	
b. CITY (If outside corporate limits, write RURAL and give township) Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) Louisiana	
c. LENGTH OF STAY (In this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) South 16th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION South 16 th St.			

3. NAME OF DECEASED (Type or Print) JOHN	a. (First)	b. (Middle) O	c. (Last) GRIEVER	4. DATE OF DEATH May 10, 1952
				(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1, 1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 11 Days 9	IF UNDER 24 HRS. Hours 9 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	11. BIRTHPLACE (State or foreign country) Fike Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John A. Griever	13b. MOTHER'S MAIDEN NAME Mary A. Sheppard	14. NAME OF HUSBAND OR WIFE Elizabeth Griever
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. John O. Griever, Louisiana, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Occlusion		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Rectum	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from 1950 to 5-10, 1952, that I last saw the deceased alive on 5-10, 1952, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas H. Lewellen M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 5-12-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/12/52	24c. NAME OF CEMETERY OR CREMATORY Bowling Green Cemetery	24d. LOCATION (City, town, or county) (State) Bowling Green, Missouri
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DATE REC'D BY LOCAL REG. May 12, 1952	REGISTRAR'S SIGNATURE Bernice Callier	25. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Virginia M. Stone

Licensed Embalmer No. 4645

P. O. Address Russiana, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.